



AMENDMENT

Application #	09/752,026
Confirmation #	8705
Filing Date	December 29, 2000
First Inventor	SULLIVAN
Art Unit	2168
Examiner	Le, Debbie M.
Docket #	257/127 (P08622US00/RFH)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SIR:

In response to the Office Action dated August 17, 2006, please consider the responsive **Remarks** provided herewith in **Attachment A**, and please amend the above identified application as follows:

- **Amendments to the Claims** are reflected in the listing of the claims provided herewith in **Attachment B**.

It is submitted that the application in its present form is now in condition for allowance.

Respectfully submitted,



By: Ross F. Hunt, Jr.
Registration No.: 24082

Date: October 26, 2006

STITES & HARBISON PLC • 1199 North Fairfax St. • Suite 900 • Alexandria, VA 22314
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2167 JEW

Customized PTO/SB/21 (12-04)

TRANSMITTAL FORM		Application #	09/752,026
(for all correspondence after initial filing)		Confirmation #	8705
		Filing Date	12/29/2000
		First Inventor	SULLIVAN
		Art Unit	2167
		Examiner	Robinson, Greta Lee
Total number of pages in this submission =		Docket #	257/127 (P08622US00/RFH)

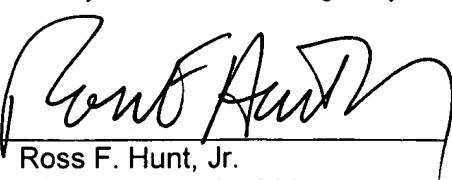
ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fees calculated below <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> including Attachments <input type="checkbox"/> After Final Amendment <input type="checkbox"/> including Attachments <input type="checkbox"/> Extension of Time Petition <input type="checkbox"/>	<input type="checkbox"/> Response to Missing Parts/Incomplete Appl. <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> <input type="checkbox"/>

FEES CALCULATION: For claims if required and/or other fees as shown below:					
<input checked="" type="checkbox"/> TOTAL CLAIMS <input checked="" type="checkbox"/> INDEPENDENT CLAIMS	NOW	Previously Paid For	Present Extra	Rate	\$
	21	24	0	X \$ 50 =	
TOTAL OF ABOVE CLAIMS FEES =					0
SUBTOTAL =					0
TOTAL OF ALL FEES =					0

The Commissioner is hereby authorized to charge the above-noted fee of \$0 to Deposit Account No. 50-0439.

The Commissioner is authorized to charge any fee, additional fee or extension fee due in connection herewith to Deposit Account No. 50-0439:
 (1) if no payment or an insufficient payment is enclosed and a fee is due in connection herewith; or
 (2) if no petition for extension of time is enclosed but an EOT is required - and in this event, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely. The Commissioner is hereby authorized to charge any such fee to Deposit Account No. 50-0439

Date: October 26, 2006


 By: Ross F. Hunt, Jr.
 Registration No.: 24,082

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